

Medi-Cal Provider Enrollment Top Reasons Provider Enrollment Applications are Denied

The top reasons why Medi-Cal Provider Enrollment application packages are denied:

1. Provider's failure to respond timely:

- Pursuant to the *Welfare and Institutions Code* (W & I Code), Section 14043.26 (e)(2)(A), indicates if the department within 35 days of the date on the notice does not receive the application package that was noticed as incomplete, the application package shall be denied by operation of law.

2. Failure to remediate discrepancies:

- Pursuant to the W & I Code, Section 14043.26 (f)(2)(A), the notice shall identify the discrepancies or failures and whether remediation can be made or not, and if so, the time period within which remediation must be accomplished. Failure to remediate discrepancies and failures as prescribed by the department, or notification that remediation is not available, shall result in denial of the application by operation of law.

3. Fraud and abuse:

- Pursuant to the W & I Code, Section 14043.37, indicates the department may complete a background check on applicants for the purpose of verifying the accuracy of the information provided to the department for purposes of enrolling in the Medi-Cal program and in order to prevent fraud and abuse. The background check may include, but is not limited to, the following:
 - (a) Onsite inspection prior to enrollment.
 - (b) Review of business records.
 - (c) Data searches.

4. There is no established place of business:

- Pursuant to the W & I Code, Section 14043.27 (c)(4), indicates grounds for termination if the provider failed to have an established place of business at the business address or which the application package was submitted at the time of any onsite inspection, announced or unannounced visit, or any additional inspection or review conducted pursuant to this article or a statute or regulation governing the Medi-Cal program, unless the practice of the provider's profession or delivery of services, goods, supplies, or merchandise is such that services, goods, supplies, or merchandise are rendered or delivered at locations other than the business address and this practice or delivery of services, goods, supplies, or merchandise has been disclosed in the application package approved by the department when the provisional provider status or preferred provisional provider status was granted.

5. Failure to disclose:

- Pursuant to the W & I Code, Section 14043.2 (a), indicates failure to disclose the required information, or the disclosure of false information, shall result in denial of the application for enrollment or shall make the provider subject to temporary suspension from the Medi-Cal program, which shall include temporary deactivation of all provider numbers used by the provider to obtain reimbursement from the Medi-Cal program.

6. Provider does not hold the required license:

- Pursuant to the W & I Code, Section 14043.26 (4)(A), indicates an application package is denied for lack of a license necessary to perform the health care services or to provide the goods, supplies, or merchandise directly or indirectly to a Medi-Cal recipient, within the applicable provider of service category or subgroup of that category.